

**ELECTRONIC MEDIA SURVEY
PROVIDER QUESTIONNAIRE**

ATTACHMENT 5

MAPB-089-019-D/004-HA

Date: 06/15/89

Name: _____

Address: _____

Medicaid Number: _____ Phone #: _____

Contact Person: _____

Type of Service(s) Provided: _____

Estimated Monthly Medicaid Claims Filed: _____

1. Do you currently submit your Medicaid claims on paper? ☐ YES ☐ NO

2. Are your Medicaid claims computer generated on paper? ☐ YES ☐ NO

3. Do you use a billing service? ☐ YES ☐ NO

If the answer is YES to #2 or #3, please complete the following:

Name: _____ Contact: _____

Address: _____ Phone #: _____

4. Do you have an in-house computer system? ☐ YES ☐ NO

If YES, type of computer system:

a. Large main frame Manufacturer: _____

(i.e., IBM 360, Burroughs 3800) Model #: _____

b. Mini-Computer Manufacturer: _____

(i.e., IBM System 34, or 36 TI 990) Model #: _____

c. Micro-Computer Manufacturer: _____

(i.e., IBM PC, COMPAQ, TRS 1000) Model #: _____

5. Would you be interested in simplifying your claims submission?

a. ☐ YES, via magnetic tape submission

b. ☐ YES, telephone transmission (EDS software)

c. ☐ YES, telephone transmission (3780 protocol transmission)

Return To: E.D.S. Federal Corporation
Attn: EMC Department
6406 Bridge Road
Madison, WI 53784-0009